

Entered - 04/26/00 - sb

00-*R*-1361

CL99L0237 - DIANNE C. MITCHELL

CLAIM OF: JOHN R. TAYLOR

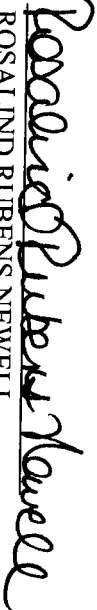
P. O. Box 11447

Atlanta, Georgia 30310

For damages alleged to have been sustained
as a result of the wrongful demolition of
property on December 7, 1999 at 1479
Memorial Drive, SE.

THIS ADVERSED REPORT IS
APPROVED

BY:



ROSALIND RUBENS NEWELL

DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0237

Date: August 22, 2000

Claimant /Victim JOHN R. TAYLOR

BY: (Atty) _____

Address: P. O. Box 11447, Atlanta, Georgia 30310

Subrogation: _____ Claim for Property damage \$ Not Stated Bodily Injury \$ _____

Date of Notice: 04/20/00 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 12/07/99 Place: 1479 Memorial Drive, SE

Department Housing Division Housing Code

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant alleges his property was wrongfully demolished. The investigation determined that the City Housing Code Division complied with all requirements set forth in State law and in the City ordinance prior to having the property demolished. The City is immune from liability as set forth in O.C.G.A. §36-33-1.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____

Pictures _____ Diagrams _____ Reports: Police _____ Dept Report X Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

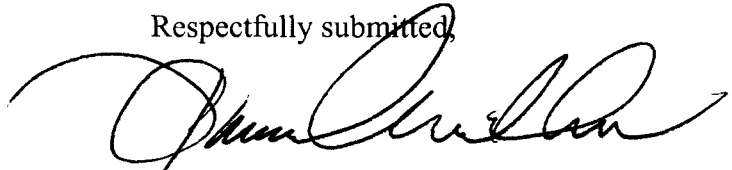
Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____

City not involved _____ Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

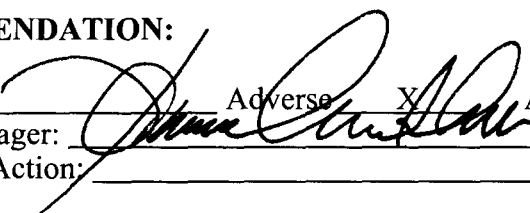
Respectfully submitted,



INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

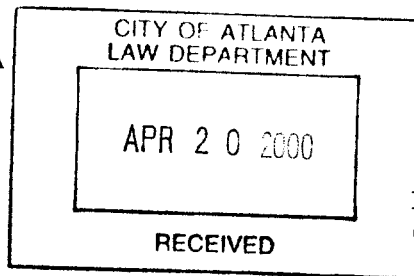
Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 08-22-00

Committee Action: _____ Council Action _____

City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

Dear Municipal Clerk:



RE: CLAIM FOR DAMAGES

Today's Date: April 20, 2000

ENTERED - 04/26/00 - tew
00L0237 - DIANNE C. MITCHELL

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ Wrongful Demolishing of property and/or \$ bodily injury for which I contend the City is liable.

1. Date of incident: December 7 1999 2. Time of Incident: _____ 3. Police called: _____ ☒ Yes ☐ No
(month/day/ year)

4. Location of incident (including street address): 1479 Memorial Drive S.E. Atlanta

5. Name of your insurance company: My (son) is to have the Policy No. _____

6. State what and how incident occurred: My claim is to have the demolition process from the City of Atlanta to start over on my property listed at 1479 Memorial Dr. from a proper notice to a property hearing, please make my notice of A hearing 45 days or more before hearing. My property was wrongfully demolished.

7. **ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!**

8. **The registered owner must make the claim for vehicle damages**, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: _____

(Make)	(Year)	(Tag Number)	(Driver's Name)
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City vehicle: _____
 (Make) (City Driver's Name) (Department/Bureau)

9. Witness: _____
 (Name) (Address) (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE
INFORMATION IS TRUE AND CORRECT.


Signature of Claimant

above. John R. Taylor
(Print Claimant's Name)

P.O. Box 11447
(Address)

Atlanta, Ga. 30310
(City, State and Zip Code)

404-629-9219 770-994-1444
(~~Work~~ Number) (Home Number)
Contact Contact